



Please print clearly

Personal Information	Name (Last, First, Middle)		Today's Date		
	Address (Street, City, State)		Zip Code	Home Phone	
	Email Address		Mobile Phone		
	Employee Referral?	Referral Source:	Do you have any relatives employed by HEARTLAND?	Relationship:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you previously applied to HEARTLAND?	If yes, when, and for what position?			How did you hear about this position?
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If previously employed by our company, please give position, dates of employment, and supervisor below.				
Are you 18 years of age or older?		Are you legally authorized to work in the United States?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of, plead guilty to, or received deferred adjudication of a crime (other than a minor traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain, including relevant dates:					
<i>Conviction does not automatically disqualify you from employment. All circumstances will be considered.</i>					

Job Interests	Position Desired:		Have you been provided a job description for the position desired? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date Available for Work:		If yes, please answer the following:		
	Salary desired:		Can you perform the essential functions of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please check all shifts that you are available to work:		If No, how would you perform the tasks, and with what accommodation?			
		<input type="checkbox"/> Full Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> 24 Hr On Call	<input type="checkbox"/> Evenings
		<input type="checkbox"/> Part Time	<input type="checkbox"/> Overtime	<input type="checkbox"/> Holidays	<input type="checkbox"/> Weekends

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information	School	Name	Location	Dates Attended		Graduate?		Course or Major
				From	To	Yes	No	
	High School/ GED					<input type="checkbox"/>	<input type="checkbox"/>	
	College					<input type="checkbox"/>	<input type="checkbox"/>	
	Post Graduate					<input type="checkbox"/>	<input type="checkbox"/>	
	Vocational/ Trade					<input type="checkbox"/>	<input type="checkbox"/>	
	Military					<input type="checkbox"/>	<input type="checkbox"/>	
Please list any other information you think would be helpful in considering you for employment (i.e., scholarships honors, articles/books published, patents, activities, accomplishments, current course work, professional accreditation, professional memberships, etc.).								

If employers listed represents less than the last 10 years, please attach a second page.

Employment Information	Name of Employer						Telephone	
	Address (Street, City, State)				Zip Code		Immediate Supervisor	
	Employment Dates		Title of Position	Starting Salary \$		Ending Salary \$		
	From:	To:						
	MO / YYYY	MO / YYYY						
	Description of Duties:							
	Reason for Leaving						May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Employer						Telephone	
	Address (Street, City, State)				Zip Code		Immediate Supervisor	
	Employment Dates		Title of Position	Starting Salary \$		Ending Salary \$		
From:	To:							
MO / YYYY	MO / YYYY							
Description of Duties:								
Reason for Leaving						May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Information	Name of Employer			Telephone	
	Address (Street, City, State)		Zip Code	Immediate Supervisor	
	Employment Dates		Title of Position	Starting Salary \$	Ending Salary \$
	From: MO / YYYY	To: MO / YYYY			
	Description of Duties:				
	Reason for Leaving			May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Name of Employer			Telephone	
	Address (Street, City, State)		Zip Code	Immediate Supervisor	
	Employment Dates		Title of Position	Starting Salary \$	Ending Salary \$
	From: MO / YYYY	To: MO / YYYY			
Description of Duties:					
Reason for Leaving			May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List those job related machines and/or equipment you are qualified to operate and any other job related skills you possess (i.e., office machines, production machines, typing speed, data entry speed, computer software packages, etc.).					

References	Please provide the names of three professional references:	
	1. Name:	Phone Number:
	2. Name:	Phone Number:
	3. Name:	Phone Number:



AGREEMENT (This is a Binding Legal Agreement)
PLEASE READ CAREFULLY BEFORE SIGNING

15Luke8910, Heartland Precious Metals and Heartland Rare Coin Gallery (Hereinafter called "The Company")

I AGREE AND UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE "AT WILL" AND THAT THE EMPLOYMENT RELATIONSHIP MAY BE TERMINATED AT ANY TIME AND FOR ANY REASON, BY EITHER THE COMPANY OR BY ME. I FURTHER UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE FOR AN INDEFINITE DURATION AND THAT I DO NOT HAVE AN EMPLOYMENT CONTRACT WITH THE COMPANY. I ALSO UNDERSTAND THAT NO EMPLOYEE OF THE COMPANY IS AUTHORIZED TO MODIFY THE "AT WILL" NATURE OF MY EMPLOYMENT UNLESS DONE SO IN WRITING AND EXECUTED BY THE COMPANY PRESIDENT.

I understand that my application for employment will be kept in the active file for six (6) months. I also understand that if I am not hired during this period, I must update or submit a new application form.

I certify that the information contained in this application is true and correct. I agree that ANY MISREPRESENTATION OR OMISSION of fact is sufficient cause for rejection or immediate dismissal, regardless of when the Company may discover such a fact.

I understand and agree that all information in this application may be verified by the Company. I authorize all organizations to give the Company the information requested. I release these individuals and organizations from all liability for any claim or damage resulting there from.

I understand that employment by the Company may be conditional upon my passing a background check and drug screen. I agree to submit to a drug screen prior to my employment. I also agree to submit to additional drug screens during the course of my employment when requested. The drug screen will arranged and paid for by the Company. I also authorize the doctors to send the results of the drug screen to the Company.

I understand that, if employed by the Company, I may be required to furnish proof of age, and that I may also be required to sign certain standard employment agreements regarding ownership of inventions, conflicts of interest, and confidentiality.

I understand that any offer of employment will be expressly contingent upon my ability to prove that I am lawfully authorized to work in the U.S., as required by the Immigration Reform and Control Act of 1986 ("IRCA").

I agree and understand that my refusal to sign this agreement would eliminate me from consideration for employment by the Company.

If employed, I agree to abide by and observe all Company rules and regulations.

I HAVE READ THE ABOVE PARAGRAPHS, UNDERSTAND THEIR IMPORTANT AND EFFECT UPON MY EMPLOYMENT, AND ACCEPT THE SAME AS CONDITIONS OF MY EMPLOYMENT BY THIS COMPANY.

Signature of Applicant

Date of Application

EEOC Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department.

NAME:

GENDER:

Male

Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

Date completed: _____